



## State of New Jersey

**CHRIS CHRISTIE**  
Governor

Division of Licensing Operations, Solid Waste and Pesticide Enforcement  
Bureau of Solid Waste Compliance and Enforcement  
9 Ewing Street, Mail Code 09-01  
Trenton, NJ 08625-0420

**BOB MARTIN**  
Commissioner

**KIM GUADAGNO**  
Lt. Governor

### **Requirements for Self-Generator Solid & Medical Waste Transporters**

#### **PLEASE READ CAREFULLY**

The New Jersey Department of Environmental Protection (NJDEP) requires ALL solid and medical waste transporters to register with the Department prior to picking up or disposing of waste in New Jersey. (see N.J.S.A. 13:1E-1 et. seq., N.J.A.C. 7:26G-7). A courtesy copy of New Jersey's waste regulations may be found at <http://www.nj.gov/dep/rules>

- Transporters hauling **self-generated waste** must complete the "AFFIDAVIT OF AN EXEMPT GENERATOR UNDER N.J.S.A. 13:1E-127g(1) through (7)" which must then be notarized and attached to the application. Alternatively you can be interviewed by an authorized county agency listed on the web site <http://www.nj.gov/dep/dshw/hwr/swcountyinterviewlist.pdf>

Transporters hauling **waste generated by another person or business** are required to obtain an "A-901 License" and a Certificate of Public Convenience and Necessity ("CPCN"). Forms and information on these requirements may be downloaded from the Unit Resources dropdown link found at <http://www.nj.gov/dep/dshw/hwr/regislic/lru.htm>. For A-901 questions you can contact the Division of Law's A-901 Unit located in the Office of the Attorney General at (609) 292-6018. For Certificate of Public Convenience and Necessity inquiries, please contact NJDEP's Economic Regulation Unit at 609-984-6985.

If your application package is approved and deemed administratively complete, it will be processed and entered into the NJDEP computer system. Subsequently a bill will be sent to you from the Department of Treasury which can be paid online or you can mail them a check. The decals will not be mailed until this bill has been paid in full. Be advised this process may take up to 8-10 weeks and you cannot legally transport waste until you have received your decal(s) and affixed them to your equipment.

If your application package is not approved or is submitted incompletely, NJDEP will mail you a Notice of Deficiency listing the missing items or requesting that you schedule a face-to-face interview at NJDEP.

**Please be advised:** Pursuant to N.J.S.A. 54:50-24 et seq., NJDEP is obligated to provide your information to the Director of the New Jersey Division of Taxation to assist in the administration and enforcement of State tax law. Failure to comply with State tax laws could result in suspension of the NJDEP Vehicle Registration.

If you have any questions please call 609-292-7081. You can also obtain additional information at the web site <http://www.nj.gov/dep/dshw/hwr/regislic/lru.htm>.

# Initial Application to Become a Registered Self-Generator Solid Waste and/or Medical Waste Transporter

**FOR NJDEP Use Only:**

NJDEP Registration #:

NJEMS Program Interest #:

Company Name:

Alternate Name:

Physical Address:

City:

State:

Zip:

Mailing Address:

City:

State:

Zip:

Contact Name-Last:

First:

Office Phone:

Fax:

Cell Phone:

E-Mail Address:

Organization Type (Circle One): Proprietor Partnership Corporation LLC Homeowner Other:

Social Security Number:

Federal Employer ID #:

Incorporation Date:

County:

State:

Does your company engage in interstate (out of State) transportation of solid waste?

If yes, what is your USDOT #:

For leased equipment, Lessor's USDOT number(s):  
(Attach additional sheets if needed)

Type of Insurance Coverage (Circle One): Commercial Liability MCS-90 MCS-82 Other:

Insurance Company Name:

Policy #:

Waste To Be Transported (Circle ALL That Apply): 10 - Municipal (Household, Commercial & Institutional) 12 - Dry Sewage Sludge

13 - Bulky Waste 13C Construction & Demolition 23 - Vegetative Waste 25 - Animal & Food Processing Wastes

27 - Dry Industrial 72 - Bulk Liquids & Semi Liquids 73 - Septic Tank Clean Out Waste 74 - Liquid Sewage Sludge

Regulated Medical Waste –  
Generated by Others

Regulated Medical Waste – Self-Generated

Radiopharmaceuticals

Division of Consumer Affairs Home Improvement Contractors registration # (If applicable):

Previous NJDEP registration # (If applicable):

**EQUITY (COMPANY OWNERSHIP)** - "Equity" means any ownership interest in a business. It includes sole proprietorship, partner's shares, and stock in corporations. The form of ownership interest should be indicated in your answers below under the heading, Type of Equity, state whether shares are voting or non-voting. Attach additional sheets if needed.

Name	Federal Employer ID #	Type of Equity	% of Total Equity

**CERTIFICATION:** I hereby certify that the foregoing statements are true and I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment which may take the form of monetary penalties or revocation. I will notify the Department, in writing, of any changes to the information within this registration statement within thirty days. **Furthermore, I certify that I am responsible for providing insurance for any leased equipment for public liability and environmental restoration** for any equipment that the Lessor has registered with the Department of Environmental Protection to transport solid and/or hazardous waste, whether it is owned or leased. I authorize the New Jersey Department of Environmental Protection to confirm liability coverage with my insurance company. I further certify my company has the proper authority to operate on the public highways.

Printed Name

Signature

Title

Date Signed

**DO NOT SUBMIT PAYMENT AT THIS TIME**

You will be mailed a bill (invoice) automatically from the Department of the Treasury's Revenue Office. Upon receipt of your invoice, you can go online at <http://www.nj.gov/dep/online/> and pay with e-check, credit card or mail payment directly to **REVENUE** at the address listed on the invoice. NJDEP will then mail your decals.

**FEE CHART - AMOUNT YOU WILL BE BILLED:**  
**DO NOT SEND PAYMENT**

VEHICLE TYPES	Letter	Date Issued: 5/1/2015- 4/30/2016	Date Issued: 5/1/2016- 6/30/2017	Medical Waste Transporters(Med/Waste) Only		
SW Single Unit	<b>S</b>	\$100	\$50	A-901 Licensed Medical Waste Transporter Fee	\$7,900	\$3,950
SW Cab (will not hold waste)	<b>M</b>	\$40	\$20	A-901 Exempt Medical Waste Transporter Fee	\$1,300	\$650
SW Trailer	<b>T</b>	\$60	\$30	A-901 Exempt Medical Waste Transporter Fee Radiopharmaceuticals Only	\$400	\$200
SW Container	<b>C</b>	\$60	\$30			

**EQUIPMENT:** Please list below each piece of equipment to be used for transporting waste. For all such equipment (except containers) YOU MUST INCLUDE A COPY OF **MOTOR VEHICLE REGISTRATION AND PROOF OF INSURANCE**

**Passenger or Pass-Comm vehicle registrations are not acceptable.**

- **VIN** - Vehicle Identification Number as it appears on the Motor Vehicle registration
- **OVERNIGHT ADDRESS** - where vehicle is parked overnight
- **STATE** - which issued motor vehicle registration
- **LICENSE PLATE NO.** - Permanent License Plate Number

- **VEHICLE TYPE\*** **S** = Solid Waste Single Unit  
**M** = Solid Waste Cab  
**T** = Solid Waste Trailer  
**C** = Solid Waste Container

**\*EQUIPMENT LEASED? If Yes, attach Lease Agreement & Lease Certification**

	Vehicle Type * (Circle Letter)	License Plate #	State	Leased YES* or NO (Circle Answer)	DEP USE ONLY DECAL #
VIN:	<b>S</b> <b>M</b> <b>T</b>			Yes	
OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):				No	
VIN:	<b>S</b> <b>M</b> <b>T</b>			Yes	
OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):				No	
VIN:	<b>S</b> <b>M</b> <b>T</b>			Yes	
OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):				No	
VIN:	<b>S</b> <b>M</b> <b>T</b>			Yes	
OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):				No	
VIN:	<b>S</b> <b>M</b> <b>T</b>			Yes	
OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):				No	
VIN:	<b>S</b> <b>M</b> <b>T</b>			Yes	
OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):				No	
Quantity of Container Decals Needed: _____	XX	XXXXXXXX	XXXXXX	YES OR NO	

**EQUIPMENT TOTALS: SINGLE (S): \_\_\_\_\_ CAB (M): \_\_\_\_\_ TRAILER (T): \_\_\_\_\_ CONTAINER (C): \_\_\_\_\_**

**STATE OF NEW JERSEY - DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**AFFIDAVIT OF AN EXEMPT GENERATOR UNDER N.J.S.A. 13:1E-127g(1) through (7)**

I, the undersigned, am the duly authorized representative of \_\_\_\_\_ an applicant for a solid waste registration from the New Jersey Department of Environmental Protection. I hereby certify that the applicant named above is EXEMPT from the requirement to submit a disclosure statement for the following reason(s):

- [ ] **Self-Generator** - The application is solely for the collection, transportation, treatment, storage or disposal of solid waste generated by the applicant who is **NOT** a commercial waste business.
- [ ] **Medical Waste GENERATOR** - The application is for generating any regulated medical waste for the treatment or disposal of Regulated medical waste at any non-commercial\* incinerator or noncommercial facility in New Jersey that accepts regulated medical waste for disposal.  
(\*Non-commercial means facility only treats waste generated by Its own operation – not from outside companies or facilities.)

Please provide a brief description of the services offered by your company and describe what types of waste are generated and how (Please PRINT and write clearly in the spaces below):

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Please identify all other licenses, authorities, permits or approvals to transport waste in other states:

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I certify that waste generated by my business is completely self-generated. **I certify that I shall not receive nor transport waste from third parties.** I hereby swear (or affirm) that the statements, brief description and attached interview notes made and answered by me are true. I am aware that if any of these statements and brief description made by me is willfully false, then I am subject to criminal prosecution for false swearing; and that filing a fraudulent affidavit could result in the assessment of civil penalties of not less than \$40,000 or more than \$50,000.

_____ Print Name & Title as the Company Official	_____ Signature	_____ Date	_____ Telephone Number
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**Notary Stamp Below**

<p>State of _____ County of _____</p> <p>Sworn to and subscribed before me</p> <p>this _____ day of _____ 20____</p> <p>_____ Print Name of Notary Public or Attesting County Officer</p> <p>_____ Signature of Notary Public or Attesting County Officer</p> <p>_____</p>
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**MANDATORY  
PROOF OF INSURANCE AND AUTHORITY TO OPERATE**

Registered Non-Government NJDEP Transporters must have the authority to operate as a transporter on the public highways and meet any applicable State or Federal Insurance requirements. In addition, pursuant to N.J.A.C. 7:26.3.2(l) permittees, licensees and exempt transporters shall, for purposes of solid waste activities and to the extent provided for under New Jersey law, be responsible for the actions and omissions of their lessors and their vehicle operators.

**1. INTERSTATE SOLID WASTE TRANSPORTERS POSSESSING A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY:** Provide a copy of your MCS-90 or MCS-82.

Pursuant to N.J.A.C. 7:26H-1.21 (evidence of insurance), Any utility engaged in solid waste collection or solid waste disposal shall file with the Department evidence of insurance or self-insurance, which certificate shall be in a form prescribed by the Department.

**2. All other SOLID WASTE TRANSPORTERS:** Provide a copy of your Insurance Card, MCS-90, or MCS-82 (listing your company with vehicle information), or a Certificate of Insurance (listing your company as insured with the vehicle info or the phrase, "any vehicle").

Pursuant to N.J.A.C. 7:26 3.2(a)6, registered Transporters must comply with NJMVC rules and regulations.

NOTE: Insurance cards or certificates of insurance will only be accepted from "intrastate" only, transporters.

**Additional Information & Guidance for Acceptable Proof of Insurance:**

The Federal Motor Carrier Safety Administration (FMCSA) has web sites to provide guidance in regards to minimum levels of financial responsibility for motor carriers. Their home page can be located at: <http://www.fmcsa.dot.gov/>

For specific motor carrier questions you can contact the FMCSA at:

<http://www.fmcsa.dot.gov/about/contact/who-to-contact/contactus.htm>

<http://www.fmcsa.dot.gov/about/contact/offices/displayfieldroster.asp>

**For Hazardous Waste and Interstate Solid Waste Transporters**

**Question:** Is the financial responsibility requirement met when an owner-operator (lessor) provides the motor carrier (lessee) a copy of the policy and Form MCS-90 where the carrier is named as an additional insured to the policy (Form MCS-90)?

**Answer:** *Guidance: No. The motor carrier has the responsibility to obtain the proper financial responsibility levels.*

<http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/fmcsrruletext.asp?chunkKey=0901633480023256>

**Question:** What is the difference between interstate commerce and intrastate commerce?

**Answer:** Interstate commerce is trade, traffic, or transportation involving the crossing of a State boundary. **Either the vehicle, its passengers, or cargo must cross a State boundary, or there must be the intent to cross a State boundary** to be considered an interstate carrier. Intrastate commerce is trade, traffic, or transportation within a single State.

<http://www.fmcsa.dot.gov/about/other/faq/faqs.asp#name2>

This material is abbreviated and being supplied for informational purposes only. You are still obliged to exercise due diligence and are responsible to meet any and all applicable rules and regulations of the appropriate governmental agencies. For example as a registered FMCSA Motor Carrier, leases supplied to the NJDEP may also be subject to Federal Leasing requirements under 49 CFR Part 376.

As a NJDEP Registered Transporter you are responsible for the actions and omissions of all vehicles operated under your exclusive use, possession, and control. Insurance to protect the public and provide for environmental restoration in the event of an accident is required under New Jersey regulations.

**Be advised that the New Jersey Department of Environmental Protection may contact your insurance company to confirm liability coverage.**

**Initial Application to Become a Registered  
Self-Generator Solid Waste and/or Medical Waste Transporter  
Checklist**

Company Name: \_\_\_\_\_

- ☐ **Solid & Medical Waste Initial Application:** Accurately completed and Signed Original form (2 Pages)
- ☐ **Affidavit – Notarized and sign original form**
- ☐ **Insurance:** VALID copies of applicable insurance information *FOR ALL VEHICLES*
  - ☐ **Valid Motor Vehicle Insurance Card**  
**Do you travel Interstate: if Yes: Please supply: MCS-90 or MCS-82**
- ☐ **Motor Vehicle Registration(s):** VALID copies *FOR ALL VEHICLES*  
Motor Vehicle registration must indicate that the vehicle is registered as Commercial and display the name of the NJDEP registrant (e.g. your company). **Passenger or Pass-Comm vehicle registrations are not acceptable.** For all equipment not registered under the name of the NJDEP registrant or for any lease equipment, see next requirement under LEASED VEHICLES
- ☐ **LEASED VEHICLES** You must submit both:
  - ☐ Copy of **written lease agreement** **AND**
  - ☐ Original **Revised NJDEP Lease Certification** for ALL leased vehicles  
See: [http://www.nj.gov/dep/dshw/hwr/2011-2013\\_Lease\\_Attachment\\_Renewal.pdf](http://www.nj.gov/dep/dshw/hwr/2011-2013_Lease_Attachment_Renewal.pdf)
- ☐ **HOME IMPROVEMENT CONTRACTOR:** **must include** a copy of the Division of Consumer Affairs Home Improvement Contractors registration card. Plumbing and Electrical Contractors may attach a copy of their respective certifications/licenses.
- ☐ **DEMOLITION:** a copy of the “Certificate of Liability” insurance for the BUSINESS **and** a valid copy of a bid or contract for demolition.
- ☐ **NEW HOME BUILDER:** **must include** a copy of the Department of Community Affairs new home builder registration card.
- ☐ **OIL TANK REMOVAL:** **must include** a copy of the Department of Environmental Protection’s tank remediation approval letter.
- ☐ **ASBESTOS –** **must include** a copy of the Department of Labor’s asbestos abatement/remediation approval letter.
- ☐ **This COMPLETED Checklist**

Please mail the **original** application, questionnaires and notarized affidavit along with **legible copies** of all required documentation listed above to:

**New Jersey Department of Environmental Protection  
Division of Licensing Operations, Solid Waste and Pesticide Enforcement  
Bureau of Solid Waste Compliance and Enforcement  
9 Ewing Street, Mail Code 09-01  
Trenton, NJ 08625-0420**